

PAYROLL ACTION REQUEST

1.	PERSONNEL OFFICE SEQUENTIAL REQUEST NUMBER
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3.	INSTRUCTIONS ON REVERSE OF AGENCY COPY PLEASE READ CAREFULLY
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<p>U.S. DEPARTMENT OF AGRICULTURE NATIONAL FINANCE CENTER PO BOX 60000 NEW ORLEANS, LA 70160</p>	
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9. SOCIAL SECURITY NO.	10. EMPLOYEE'S NAME (Last, First, Middle Initial)
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11. NATURE OF ACTION TO BE TAKEN

13. EXPLANATION OF CIRCUMSTANCES WHICH REQUIRE THIS ACTION
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15. ACCOUNTING DATA TO BE CHARGED AND/OR CREDITED

16. ATTACHMENTS SUPPORTING OR AUTHORIZING THIS ACTION

17. PERSON TO BE CONTACTED FOR ADDITIONAL INFORMATION

18. EMPLOYEE'S SIGNATURE AND DATE SIGNED (If Required)
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19. APPROVAL	
AUTHORIZED OFFICIAL'S SIGNATURE AND TITLE	DATE APPROVED

2. ADJUSTMENT PERIOD (Inclusive)			
FROM		TO	
DATE	P/P	DATE	P/P
4. FROM			
AGENCY CODE	PERSONNEL OFFICE IDENTIFIER	ACCT. STATION CODE	
AGENCY NAME AND MAILING ADDRESS			

CITY		STATE	ZIP CODE
5. EMPLOYEE'S T&A CONTACT POINT			
6. FLSA			
<input type="checkbox"/> EXEMPT	<input type="checkbox"/> NON-EXEMPT		
7. RETIREMENT COVERAGE CODE			
8. TYPE EMPLOYMENT			
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> INTERMITTENT	<input type="checkbox"/> REEMPLOYED ANNUITANT	
<input type="checkbox"/> PART-TIME	<input type="checkbox"/> ALTERNATE WORK SCHEDULE		
12. TERMINATED		IF YES	DATE TERMINATED
<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input checked="" type="checkbox"/>	
CHECK MAILING ADDRESS OR DESIGNATED AGENT NUMBER			
14. GROSS AMOUNT OF ADJUSTMENT			
\$			